

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. /

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☒ Addressee

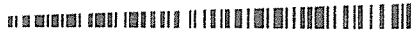
B. Received by (Printed Name)

C. Date of Delivery

9-26

is different from item 1? ☐ Yes  
 very address below: ☐ No

Associated Architects, Inc  
 #3 Players' Club Drive #A103  
 Charleston, WV 25311  
 1:18cv220 DE 79



9590 9402 7205 1284 8689 04

2. Article Number (Transfer from service label)

7021 2720 0001 3619 2139

PS Form 3811, July 2020 PSN 7530-02-000-9053

**FILED****SEP 28 2022**

- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt